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LEADING ARTICLES

FOREIGN BODIES IN THE LARYNX AND TRACHEO-BRONCHIAL TRACT.*

L. D. BROSE, M. D., PH. D.

EVANSVILLE, IND.

THE entrance of a foreign body into the air passage, is an exceedingly grave accident and usually productive of a symptomatology, distressing to the patient and highly alarming to his family. I cannot better enter upon this subject than through the relation of the three following cases, two of them illustrating the gratifying result of successful operative interference, the other an unsuccessful operative interference with subsequent coughing up of the foreign particle, after the patient had been dismissed from treatment:

CASE I.—J. F. W., aged eleven years, was sent to me June 21st by Dr. E. G. Lukemeyer, of Huntingburg, Indiana. The history obtained, was that while whittling a trigger on a piece of wood four days previous, the severed particle of wood was drawn into the wind-pipe, calling forth a severe attack of strangulation. After regaining his breath he found himself unable to speak above a whisper. At my examination I noted stridor in breathing, hoarse cough, aphonia, and slight temperature elevation. With the laryngoscope, the obstruction was easily recognized lodged between the true and false vocal cords, and extending transversely across the glottis. After the use of a spray containing cocaine, several attempts were made at extraction with forceps, but without success. A long bent probe was then hooked from behind forward under the obstruction, and by sudden traction, it was readily brought up into the mouth, and thence extracted by the patient. The boy returned to his home the same day, and a later report from his family physician stated complete voice recovery in five to six days. The piece of wood measured 15 millimeters in length and 9 millimeters in width.

CASE II.—Agnes, the eight-year-old daughter of Mr. A. E., of Owensville, Indiana, while at school October 11th, 1904, and eating an apple during recess, bit off a large piece which in hurriedly attempting to swallow found its way into the wind-pipe. Alarming symptoms of suffocation at once followed, and Dr. M. Montgomery was immediately sent for. By the time the doctor reached the patient the suffocative attack in a measure had been recovered from. Acting upon the advice of the physician the child was brought to my office by its father. With the laryngoscope, the piece of apple was readily seen lodged in the upper part of the trachea, just below the true vocal cords. It was deemed inadvisable to attempt its removal by instruments introduced through the mouth, for fear of its becoming displaced and perhaps lodging deeper in the air passage and causing death ere the trachea could be opened externally, so the child was sent to St. Mary's Hospital, where with the assistance of Dr. P. Y. McCoy, preliminary tracheotomy was made, a tube inserted and the patient returned to its bed without making an attempt at removing the obstruction until the following day, when chloroform was again administered through the tracheotomy tube, and then by use of a probe passed from below upwards, it was sought to bring the particle of apple into the pharynx. Not succeeding in this, a small intubation tube was passed from above in the usual way, and the portion of apple pushed down and removed through the opened trachea. The external wound was at once closed by four deep interrupted sutures,

* Read before the Ohio Valley Medical Association, November 15, 1906.

and the patient made a rapid recovery, notwithstanding a tedious tracheotomy, due to its being performed at night with the child struggling violently against the anesthetic, and becoming early semi-asphyxiated, so that it had to be placed in a sitting posture, partially revived and the wind-pipe opened with the trachea violently rising and falling with each respiratory act. The piece of apple removed was nine-sixteenths of an inch long and five-sixteenths of an inch wide, of firm and solid consistency.

CASE III.—The five-year-old daughter of Mr. H. J. was brought to my office January 23, 1906, by Dr. W. G. Hopkins, of Ft. Branch, Indiana, with the statement that on the previous afternoon while playing with a bean in the mouth, she had a sudden attack of violent coughing and strangling. After a time, the breathing became easier, and as soon as the child was able to talk it informed the mother that it had swallowed a bean. An examination of the larynx with a throat mirror proved negative. It was noted by inspection that the breathing was labored, and upon auscultation dry sonorous rales were heard with very feeble respiratory murmur over the right lung. Vesicular murmur clearly heard over the left lung, and the normal pulmonary area, either side of the chest, was without dulness anywhere upon percussion. Patient was sent to St. Mary's Hospital, where an examination of the thorax by the Roentgen ray was made, but the foreign body was not detected. Nevertheless, it was decided to attempt recovery of the bean through an external opening in the trachea, and with Dr. J. N. Jerome administering the anesthetic, a low tracheotomy was made, but all our efforts at extraction or expulsion with instruments, or through eversion and succussion of the body, failed to recover it. The tracheal incision was stitched to the skin, and on the two succeeding days renewed attempts were made to recover the bean, but resulted in failure. Purulent bronchitis, fever, with circumscribed pneumonic consolidation ensued, and only the use of hypodermic injections of strychnia, apparently on several occasions sufficed to keep the child alive. February 5th, at the earnest solicitation of the parents, permission was granted to remove the patient to their home in a neighboring county. The purulent bronchitis and expectoration continued, with remissions and exacerbations, until some two months later during a violent paroxysm of coughing, the bean was expelled by the mouth, after which gradual recovery ensued.

The various substances that have at one time or another found entrance into the larynx, are too numerous to mention, and in a general way may be classed under both solids and liquids. The latter, such as blood, or pus evacuated through bursting of a peritonsillar abscess, will not be farther considered, since the fluid is either coughed out or produces death before the arrival of the medical practitioner. Foreign bodies may enter the air passages through the nose and mouth, from the stomach during vomiting, or through wounds or fistulous opening in the neck, chest wall, or bronchial tract. In most cases, however, the accident occurs during unconscious, thoughtless, surprised or frightened forcible inspiratory effort, in conjunction with a reflex swallowing impulse. Loss of sensibility of the laryngeal mucous membrane, which attends bulbar and diphtheritic paralysis, favors the entrance of foreign bodies into the larynx. Foreign bodies in the air tract are much more frequently met with during child life, than during adult life. The symptoms that follow depend somewhat on the size, consistency, shape and place of arrest of the body, and may be designated primary and those which develop subsequently. Of the former reflex cough and spasm of the larynx are at once manifested. The spasm may be severe and cause death in a few moments or pass off and be succeeded by hoarseness dry cough and pain. Excitement and distressed feeling is shown save when the accident occurs during the unconscious state or when the person is deeply intoxicated. Small round bodies may lodge in one of the ventricles of the larynx and occassion very mild or no symptoms. Should the body be of large size and sufficiently occlude the air passage unless speedy relief is given death early occurs. Sharp or pointed bodies may perforate the walls of the air tube and then injure an important blood vessel and through hemorrhage occasion death. After a time the parts acquire more or less tolerance for the foreign body and the primary symptoms in part or wholly subside. Where the foreign body remains movable and alters its position with the respiratory act or the body suffocative attacks are apt to recur at irregular intervals. The subsequent symptoms are largely of an inflammatory nature laryngo-bronchitis developing with fever expectoration of blood or pus, fetor of the breath perichondritis, pleurisy, pneumonia, abscess formation and gangrene. Pulmonary emphysema may result through bronchial obstruction and inability to expel confine air when coughing.

Diagnosis—This is easy when we get a clear history of the disappearance in the air passage of a foreign body, followed by

a sudden attack of choking and cough. This, however, is not always obtainable, since the patient may be too young, insane, or his statements unreliable, in case of intoxication. Physical examination is valuable not alone for diagnosis, but in locating the position of the obstruction. By simple inspection with a strong light and the tongue depressor, the extreme upper part of the larynx may be seen. Exploration with the finger or sound, may detect a hidden body, or one that was overlooked by other methods of examination. The laryngoscope is of the greatest value, for withit the interior of the larynx and trachea, and even part of the bronchial tract may be inspected. Unfortunately, just in the child, where we need it most, we encounter difficulties in the use of the instrument, such as uncontrollableness and gagging, that rob it often of most of its value. Profuse secretion may so hide a semi-transparent body, as to make its detection with the laryngeal mirror difficult or impossible. When the patient is unruly and will not hold, a general anesthetic may be employed, and after unconsciousness the mouth gag is inserted, the tongue drawn forward with forceps, and the throat mirror introduced. An everhanging epiglottis may be lifted with a slender hook. The recognition through auscultation of diminished respiratory murmur in the lower lobe of the right or left lung, following upon a history of foreign body in the air passages, is strong evidence of obstruction in the corresponding bronchus, and according to statistics and for anatomical reasons, the lodgment happens oftenest right-sided. When the obstructing body is movable, and changes its position with the respiratory act, or upon coughing, auscultation will almost certainly detect either a whistling sound, or flapping noise, or change in the area of diminished respiratory murmur; should the offending body be of solid consistency and of some size, the X-ray may be used in its detection and localization.

Prognosis is always doubtful so long as the foreign body has not been expelled, and even after expulsion death may still occur in cases where grave secondary lesions have been set up. The larger the body and the greater the obstruction, the greater the danger from asphyxia. Lodgment in a bronchus, offers a graver prognosis than when the offending body is arrested in the larynx. Also in the child, our prognosis is more unfavorable than in the adult, not only because operative interference is undertaken with greater difficulty, but also because of the smaller size of the lumen to be obstructed and the greater liability to suffocation by spasmodic contraction.

Treatment may be designated emergency, or that directed toward saving life during impending suffocation, and for this purpose immediate tracheotomy is oftenest done, and measures undertaken for the purpose of expelling or extracting the foreign body. Expectant treatment may be elective from the first, when the body is of small size, of smooth surface, and harbored in a bronchus with a possibility of sponaneous expulsion, or from necessity after unsuccessful operative measure for its recovery. From the larynx our first attempt at extraction as a rule, should be made through the mouth with hook or forceps, after local anesthesia and under guidance of the laryngoscopic mirror. It may happen that the body is impacted between the cords, or so embedded that its removal from above is not feasible, in which case the knowledge derived through the throat mirror may still materially assist us in the choice of external operative procedure. Inversion and succusion of the body may be employed, but it is well always to prepare first for emergency opening of the wind-pipe, since a partial obstruction of the air tract may by these means be suddenly converted into a more or less complete one through the offending substance altering its position. I have never seen the least good result from the employment of emetics. The Killian bronchoscope, is a useful instrument not only for the detection of deep-seated foreign bodies, but likewise for their removal through the natural passages or through the trachea after an inferior tracheotomy. The acquisition of the necessary skill for the successful use of the long bronchioscope requires practice and patience and hence the superior operation must remain a procedure best executed by the specialist. The inferior operation or that through the opened trachea is much easier of accomplishment and in children under six years of age because of the smallness of the air tract it is the procedure of election and in lieu of a more suitable instrument the ordinary cystoscope may be employed.

During a visit to Professor Killian's clinic in Freiburg, Germany the past summer, I had an object lesson of the need of the anesthetic being in the hands of a skilled anesthetizer. The patient in question was one where I had been entrusted with the pulse, and where sudden respiratory failure and collapse occurred during the midst of the operation, and only the most active efforts at resuscitation saved the life of the patient.

Whether superior or inferior tracheotomy, laryngotomy, or pharyngotomy is to be performed will depend upon the size, shape, nature and position of the substance to be extracted, and after careful study and deduction

from the symptom complex of each individual case. Foreign bodies arrested in the air tract within the chest walls, offer a more unfavorable prognosis for recovery through external operative interference, than those arrested in the trachea or larynx, and I cannot refrain from relating a most disastrous personal experience in such a case, where it was deemed necessary to employ a general anesthetic preparatory to tracheotomy. The case is the following:

May 14th, 1892, I was asked by Dr. D. A. Cox, of Howell, Ind., to see a three and one-half-year-old child that had gotten an uncooked butter bean into its wind-pipe. I found the little one on the arm of the mother who was walking the floor to keep down the child's excitement. It would not allow even a superficial examination without screaming and resisting most violently, so after obtaining the history of the case and observing from a distance marked stridor in breathing, preparation was made for a low tracheotomy. The patient was forcibly placed on the operating-table, all the while screaming and resisting to the utmost, and Dr. Cox began the chloroform administration. Scarcely had half a dozen inhalations occurred when suddenly the child stiffened, became cyanotic and asphyxiated, notwithstanding the anesthetic was at once discontinued and the trachea opened and resuscitation efforts instituted. Evidently the child's struggling had displaced the bean, and from a partial obstruction in the trachea the case was converted into a total in the bronchus, from which we did not succeed in removing it.

As a successful illustration of the expectant plan of treatment, I may relate the following case: Mr. F. J., 42 years of age, while holding a copper cent in his mouth suddenly had it carried into the air tract. Strangling and coughing followed, but subsided in a little while. He consulted me April 9, 1896, and save for dry cough, and a feeling of distress, there were no subjective symptoms. Laryngoscopic examination was negative. Ausculation revealed simply dry rales in the trachea and bronchi. Codeine was prescribed for the cough. Two days later during a paroxysm of coughing, the penny was expelled.

The subsequent history of our cases after unsuccessful external operative procedure is still of interest where the patient can be followed through later life, and this is my excuse in referring to the following case:

A boy seven years of age, was brought to me July 10th, 1895, with the statement that while playing among some farming implements on the previous day, he had gotten an iron rivet into the wind-pipe. I performed an inferior tracheotomy, but failed to recover the rivet. The child was taken home soon thereafter, and I have been able to follow the case through the kindness of the family physician, Dr. J. J. Hassett, of McLeansboro, Ill. For almost one year the boy had purulent bronchitis fever, and attacks of pneumonia, his life being frequently despaired of, until gradually more or less tolerance was established. The boy has now reached young manhood, with the right side of the chest and right lung poorly developed, and incapacitated from carrying his full share of the burden of life. I have always regretted that at the time I made the tracheotomy, the giant magnet had not come into general use, since the metal might have been extracted from the right bronchus in this way. It certainly is worthy of being tried in such cases. Resection of the ribs and bronchotomy has not been extensively advocated for these cases, because of its high mortality.

Wagging the Ears.—An eminent scientist declares that all men may learn to wag their ears if they try long enough. There are few things impossible for man to accomplish if he will only set himself at it seriously enough and keep at it long enough. The pity is that so many of us put so much of our enthusiasm and energy into attempts to wag our ears—or many other purposes equally useless—and have so little left for efforts toward useful achievement. Some day, somebody, through marvelous strength, skill and persistence, is going to swim the English channel. And lots of people will think for this reason we are really progressing. No doubt attempts will be kept up until, some day, some reckless idiot actually succeeds in going over Niagara Falls in a skiff and coming out alive. What more will be left for brave men to aspire to? A little more time, a few millions of dollars, some scores more of frozen bodies left in the ice heaps—and the north pole will be discovered. Then one of the most picturesque and dramatic series of brave deeds and excruciating suffering in modern history will end. In what? Some time soon—but let's hope not in our own time—women are going to succeed in turning themselves into wasps at the waist and birds at the top. Wagging the ears is a tame accomplishment beside some others which the human race has been about long and seriously. Whether our aspiration and striving be toward something useful to the world and ennobling to self, or toward some such thing as wagging the ears, we will succeed at it, if we only try long enough and hard enough.—St. Louis Star-Chronicle.

The Medical Society of City Hospital Alumni

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OFFICIAL TRANSACTIONS.

Symposium on the U. S. Pharmacopeia and the National Formulary.*

INTRODUCTORY ADDRESS: SOME FAULTS.

LOUIS H. BEHRENS, M. D.

ST. LOUIS, MO.

Mr. Chairman, Fellow Members, and Friends of the Medical and Pharmaceutical Professions:

On behalf of the Medical Society of City Hospital Alumni, I extend to you, one and all, a hearty welcome to this meeting of physicians and pharmacists.

I trust that the evening spent with us, may be mutually interesting and profitable, and be the means of a better understanding between the two professions, necessarily closely allied, and in the need of each others aid.

Such a meeting as this bodes for much good, and it is unnecessary to state, will be far-reaching in its effect, for, so far as I have information, it is the first of its kind to be held in this United States, whereby a medical society of any consequence has invited its pharmaceutical friends to meet with it and discuss matters of such vital importance, as medical and pharmaceutical faults, and it is to be hoped that no member of either profession will hesitate to air his views, in order that we may arrive at a better understanding and appreciate each others worth.

It is a painful fact that too often both professions take on, to some degree, fads that smack of ignorance and charlatanism, and, if the search-light of Truth be turned on our work in prescribing and dispensing, but few could hold up their heads and hands and say, "Holier than thou."

At one time it required some knowledge and moderate skill in dispensing of *all* prescriptions, today regretfully we say, that such is not the requisite in the majority of prescriptions received by the pharmacist. It is the simple matter of mechanically taking so much of something, either fluid, powder, salve, etc., and automatically placing just so much from one bottle, box or container into another. The remedy, under a fanciful faddish name has caught on, the physician in too many instances prescribes the stuff, of which he knows but the little, that the suave advance agent has told him, or perchance he has received the glowing literature, describing the virtues of the new compound or conglomeration, our druggist friend sits by wondering why he has devoted valuable time and energy to mastering the intricacies of pharmacy, only to be called upon as a simple manual laborer, just having brains enough to pour potions from the containers of the manufacturer, of which compound he knows nothing, and we Medics know less, labeling the vial, jar or box, with voluminous directions, and wonders often of what little use he really is.

My medical friends, this is true of 70% of the prescriptions written and dispensed today, containing fads of the present, that are forgotten tomorrow, and we medical men have the temerity to speak of ourselves as being scientific and giving our work profound thought.

Unfortunately the younger the man in our profession, the more faddish he is, until it seems that the study of remedial agents were relegated to those who are vaunting both foreign and home-made compounds as tutors, instead of that devotion and study, to the various remedies that has made medicine, what it is, both in the past and present; something of our system is radically wrong.

We are truly in a chaotic state, regular medicine seems more at sea than ever before, we are not devoting our time as the disciples of Aesculapius to our materia medica, pharmacopeia and other text books, along this line of thought as becomes us.

May I digress and mention some ridiculous situations, in which we are found and soon find ourselves.

Take acetanilid for instance, it has been slighted by the wise, and not so wise, how hands have been thrown up in holy horror, and medical articles have rebelled against its

*Read at the meeting of October 18th, 1906.

use. Yet at the self same breath, the one issuing such warning condemning its use at all, has been the one to prescribe or recommend some one of the various mixtures, so styled synthetic with its many C's, H's and O's, or occasional N, having acetanilid for its principal and active constituent, countless numbers of such compounds have flooded the medical market, one sees them in endless array on every prescription shelf, under fanciful and catchy names, until it seems by now the nomenclature had run the gauntlet, unfortunately for the manufacturer.

Today we prescribe it under the name of some name, which is forgotten tomorrow, and so on until the Omega has been reached in acetanilid mixtures, but thank goodness, we are getting back to acetanilid again, in its plain, twelve cents a pound variety, which we were duped into using in the many mixtures at $1.00 per ounce with a penny's worth of acetanilid activity, and then wondering why our prescriptions cost our patient so much.

Seems we are made poorer in knowledge, our patient more so in pocket, through such careless exercise of our therapeutic thoughts, and the manufacturer has been reaping the golden harvest of coin, until we must feel that it is profitable to be the physiological ignorant maker of such stuff; that had our testimonials and hearty encouragement.

Some time ago during the kola craze, a certain maker's kola-wine was prescribed fiercely by men of medicine and surgery, we were kola mad; in time, however, the profession, tired of it, and its popularity was in the wane. What was the result? This remedy to be dispensed on physicians' prescriptions only was placed on sale in the druggist's windows, with the large placard, "Endorsed by Eminent Physicians' as a catch advertisement for the gullible public. It is a fact that it had the endorsement of some of our eminent members, their testimonials so freely given; as a matter of fact the preparation contained, but little kola and a poor Maderia wine, it presumably did but little harm.

And in this connection I wish to mention a celebrated acetanilid compound, under a catchy name, that is working its "Endorsed by Physicians" and seeking profane patronage, by sampling the various stage celebrities and folk each week, with each small box of free tablets is given, a small booklet on disease and the tablet, and that same may be had at so much per dozen, in various combinations at the druggist, warn them to look for the trade mark on each tablet, and yet the condemner of the patent medicine is the prescriber of this nostrum.

The good old tincture ferri murias, Basham's mixture, and the other old time tried iron compounds, once so useful, have been relegated to the rear, and the fanciful, expensive peptonates, albumoids, etc., of iron with their omnipresent blood count increase charts, hemaglobin estimations, have unseated them, and today it is common to find such compounds, we are asked to prescribe, on the pharmacists' shelf with directions that the laity understand, the same as any other patent medicine.

Perhaps many of my professional friends here assembled, recall the obliging gentleman, that called upon the medical profession, some months ago, presenting a bold front and a bottle of salts, which superiority he dilated on at length, claiming many virtues for it, which was also told on the label in true patent medicine style. To those who treated him courteously he showed his appreciation by then and there trying to have you take a dose of said salts, as he felt that to take it was to prescribe it. I judge that many of my confreres must have taken some. After extoling the virtues of this salts of a supposedly noted spring in Germany, he condescended to present us with two asthmatic cigarettes, and furthermore, the formula of the latter, nicely type written, and requested as you will recall, that his confidence be not betrayed, by handing the formula to others. It is needless to say, that no danger of that formula being filled by any one, was imminent, it smacked somewhat of those advertisements one sees in the daily papers, send $1.00 for recipe that cured me of lost manhood. The patient gets the formula, but while it contained some familiar drugs, several very foreign names were seen among the ingredients, and one is advised to send recipe to sender, if his druggist has not the drugs. The druggist or no one else has the drugs, it's sad that we should be so duped and be mistaken for members of that finny tribe, known as suckers.

So it is with foreign specialties that have flooded our shores, passed to us first, for our use and endorsements, which seem very easy to get, then later advertised in the daily papers. One has but to peruse the newspapers of every type and be convinced, santal capsules, salicylate globlues, etc., galore, always with the "Endorsed or recommended by Physicians," they catch the unwary as they caught us.

It would not be difficult to spend several hours in citing instances of such imposition, we must admit, however, that many manufacturers and agents do remain in ethical lines; of this it is needless to speak.

What has in part been a factor in bringing about this condition of affairs? Some may say lethargy on the part of the pharmacist, besides the carelessness on the physician's

part. Both share to a considerable degree the fault.

Years ago the pharmacy was the work-shop that required skill in the detection of spurious drugs, and pharmacists were noted for care in such selection and compounding. It was the pharmacist's pride to have such a reputation, and this in some instances holds good this day, in many of our drug stores.

Stores no doubt present a better aspect now than they previously did, more pleasing and more beautiful perhaps. One observes the elegant fountain and cigar cases, necessities we must admit. The patent medicine side seems the same as ever, only larger. Its array of vari-colored cartoons, bottles, etc., is pleasing to all, no matter how objectionable. On the opposite side is the usual line of tinctures and salt mouths full of drugs, in many instances seldom used, with the sundry soap, toilet article and toilet paper everywere, all of which goes to make a pleasing, clean picture, and all of which is admittedly necessary, to help meet those daily expenditure that enable the pharmacist to live.

But let us go back, away back, in the drug store to that part from which the name pharmacy is derived, that place that should interest us as physicians, and is, or should be of such vital import to the pharmacist; "The Prescription and Compounding department," must be admitted that this part of the majority of drug stores is the darkest, most uncleanly portion thereof, and entirely at variance with the other parts, or front. Here one observes a total lack of pride in its keeping, and in common phraseology, the old skill and knowlegde "seems on the bum." The usual diploma is out of place.

The kitchen of the apothecary is not, as we understand, a kitchen should be at best. And, under most cleanly circumstnaces, drugs are bad enough to take by the enfeebled patient, but when wantonness and carelessness are so evident, pride no longer exists, and no an unkempt prescription counter, I take it, as a rule means inferior knowledge and drugs—and no scruples exist when it comes to substitution.

It is proper to expect no results from medicine sent out from such a place, as a rule; it is here that recklessness is manifest and potent medicines become inert under improper care. Inert medicine is dangerous medicine, we give medicine to get some result if not a cure, some of the medical profession still believe that many symptoms or diseases are amenable to proper remedies, and the scalpel does not represent the only remedial agent, nor can any physician go forth, thoroughly equipped with the knowledge of four or five remedies, and be successful from a scientific or even ordinary standpoint.

Take digitalis. What a satisfactory agent it is when indicated, its activity depends on agencies combined in the leaf, whose fragility bespeaks a warning of care in its growth, selection, and above all preservation. The slightest infraction of the above means a leaf of little or no value as a therapeutic agent.

Just think how carelessly ofttimes this and other allied active drugs are handled, too often given only a consideration due Fuller's earth.

I have known digitalis to be used, that has laid in some herb drawers or can for years, worm eaten and inert the commonest tea of the grocer shop would receive more consideration than this valuable leaf.

And then the observant physician wonders why he does not get results with its tincture or infusion when prepared at certain stores; valuable time is lost, in treating a patient with such stuff, in fact a life is often jeopardized, and such a druggist is guilty of criminal negligence in so dispensing such.

Then the pharmacist wonders why the doctor specifies. I have known of the infusion digitalis being prepared from an old fluid extract (I say old fluid extract because of this leaf the fluid extract, is so little used, that it is invariably old) the druggist in order to hoodwink physician and patient has heated the water to which the fluid ext. digitalis was added, so as to have some semblance in warmth at least to the properly made infusion.

The fluid extract is as reliable as a rule as the old worm eaten leaf, both are a curse, not remedial agents.

I shall not go further, but what I've said of digitalis holds good of many other preparations and such has been in part the cause and furnished often the argument for proprietary preference.

The well kept and clean prescription department like a neat kitchhen means "bonum" for everything that comes out of same.

5 So. Broadway.

THE UNITED STATES PHARMACOPEIA.

HENRY M. WHELPLEY, M. D.

ST. LOUIS.

Secretary United States Pharmacopeial Convention.

Definition of Pharmacopeia.—A lexicographer would define the word according to its Greek derivation as meaning a work devoted to the formulas and directions for preparing medicines. Times, however, have changed since the word was coined and today a pharmacopeia is a book issued by some

recognized authority for the purpose of furnishing physicians and pharmacists with a list of medicines, accompanied by descriptions, tests and formulas. A pharmacopeia differs from other similar text and reference books, such as dispensotaries, works on the practice of pharmacy, materia medicas and formularies (with the exception of the National Formulary) on account of its being issued and revised by an authority legally empowered to define the character, establish the purity and regulate the strength of medicines for the country in which the pharmacopeia is issued.

The first pharmacopeia was, no doubt, a practitioner's book of prescriptions stamped only with the approval of personal authority and intended for his individual use. Next in the order of development came the hospital book of prescriptions, from which we can easily imagine the growth of a local medical association pharmacopeia. Thus came into existence the London pharmacopeia of 1618 and the Paris authority of 1639. The city of Edinburgh followed with a pharmacopeia in 1699. While London is credited with a pharmacopeia in 1618, no work of a national character appeared until 1818, when France, full of political turmoil, calmly gave her physicians and pharmacists a pharmacopeia which was truly national in character. This was the first pharmacopeia fulfilling the meaning of the word as understood at present. The United States followed the example of her European friend, and in 1820 published the second pharmacoeia of a national type.

The First Pharmacopeia in the United States was not national in character, but the expedient of Wm. Brown, M. D., for the use of a military hospital at Lititz, Lancaster County, Pa. It contains eighty-four formulas for internal and sixteen for external remedies. The author explains that the number of preparations is small, owing to the insufficient supply of phials for the use of the hospital. This condition is emphasized in the title page, which reads as follows:

REPERTORY
of
Simple and Efficacious Prescriptions,
For The Use of the
MILITARY HOSPITAL,
Belonging To The Army
Of The
UNITED STATES OF AMERICA.
Adapted especially to our present state of need and poverty, which we owe to the ferocious cruelty of the enemy, and to the cruel war brought unexpectedly upon our Fatherland.

The Pharmacopeias of the World.—Man stands alone in the animal kingdom as a constant consumer of medicines. All civilized nations soon followed France and the United States in adopting definite standards of an authoritative source for the purpose of secuaing uniformity in nature and strength for the medicines most generally prescribed or administered. As a result, we find at the present time twentyy-three pharmacopeias in use which are national in character. With few exceptions, those countries not having a pharmacopeia of their own recognize the standard of some other government. The United States Pharmacopeia is either the chief or one of several pharmacopeias recognized in the Central American States, Liberia, Peru, Uruguay and Venezuela. Our pharmacopeia is also gaining favor in Cuba, Hawaiian Islands, Porto Rico and the Phillipines since our colser commercial and political relations with these countries. Costa Rica has gone so far as to make the United States Pharmacopeia the official standard for that country, although but few of the physicians and pharmacists practicing there can read English.

No International Pharmacopeia.—For a generation past pharmacists and physicians have endeavored to agree upon a standard to become a pharmacopeia in common for all of the countries now having national authorities. The seventh and last international congress for this purpose was held in Chicago during the Columbian Exposition. The tenacity with which physicians cling to inheritance from the materia medica of their forefathers and the number of medicines peculiar to each country are conditions which render it impossible to agree upon a common standard. All creation, both animate and inanimate, contributes to materia medica, and each country is dogmatic in selecting the medicines to be recognized in a pharmacopeia and uncompromising in determining how they shall be prepared.

An international pharmacopeia is an ideal not to be realized, but the International Conference for the Unification of Potent Remedies which met in Brussels in 1902, accomplished the most important consideration in favor of an international standard. The conference decided upon the strength of those potent preparations which are prescribed in a number of countries. As an example, the potent tinctures are to represent ten per cent of the drug and the arsenic solutions to be one per cent in strentgh. Our country was the first to revise its pharmacopeia after the Brussels conference, and the first to put into practice the principles and rules adopted by the conference. This explains why the re-

vision committee reduced the strength of tinctures of aconites and veratrum, but doubled the strength of tincture of strophanthus.

The Language of the Pharmacopeia.—The original United States Pharmacopeia and its first revision were printed in both English and Latin, but the second revision appeared in 1830, with the Latin version omitted. The eighth revision, now official, is being translated into Spanish for the benefit of our insular possessions and other interested Spanish-speaking countries. This is an innovation in this country, but the Swiss Pharmacopeia is published simultaneously in German, French and Italian.

The Nature of Pharmcopeial Authority.—In foreign countries, the pharmacopeias are all issued under the authority of the respective governments. The United States is an exception to this rule, for here the pharmacopeia is revised and published under direction of a delegate body of pharmacists and physicians incorporated as the United States Pharmacopeial Convention. The convention of 1900, which authorized the present revision of the pharmacopeia, consisted of about two hundred delegates, representing sixty-two medical and fifty-four pharmaceutical bodies.

Methods of Pharmacopeial Revision.—The decennial convention elects a committee on revision to prepare the manuscript for the new pharmacopeia along the lines of general instructions adopted by the convention as a guide for the committee. At the present time, this committee consists of twenty-six members. Twelve of them hold medical degrees, but only five of the number are practitioners. The five are Drs. N. S. Davis, Jr., H. A. Hare, John Marshall, Horatio C. Wood and Reynold Webb Wilcox.

Pharmacopeial Business Affairs.—The decennial convention elected five trustees, who together with the president of the convention and the chairman of the committee of revision constitute a board of control to look after the publication of the pharmacopeia and all business matters connected with the revision and sale of the work. The copyright is held in the name of the board of trustees. Since this method has been followed the price of the book has been reduced from four to two and one-half dollars. The sale of the Pharmacopeia has been greatly increased over previous revisions, and the net profits will exceed any previous record. The income is used in defraying the expenses of revision and administration.

Brief History of the U. S. P.—In January, 1817, on motion by Dr. Lyman Spaulding, the Medical Society of the County of New York, arranged for a convention of delegates from medical societies which was held at Washington, January 1, 1820. As a result of the deliberations, the Pharmacopeia of the United States of America was published, December 15, of the same year. The convention has been held every ten years since that time. The last meeting was in 1900 and the next will be called for May, 1910. The revised pharmacopeias have been published from one to five years after the convention providing for the revision. It is customary to refer to the pharmacopeia of 1900. We should write "U. S. P. VIII." The convention of 1850 was the first one in which pharmacists had a voice or vote. Delegates from the United States Army and Navy were also recognized at this time. In 1860, the members of congress who were graduates of regular medical colleges were invited to take part in the deliberations. This example, I believe, has not been since followed. The convention of 1910 will admit not to exceed three delegates from each incorporated pharmaceutical or medical college and each incorporated state pharmaceutical or medical association, and from the army, navy and Marine Hospital Service. Also from the American Pharmaceutical, the American Medical and the American Chemical Associations. Colleges, schools and state associations not represented at the 1900 conventions must be approved by the committee on credentials before the delegates can be seated.

The Pharmacopeia and the Commentaries.—The United, States Pharmacopeia defines the character of medicines. As an example, it says: "Opium is the concrete, milky exudation by incising the unripe capsules of pappaver somniferum linne (Fam. Papaveraceae), and yielding, in its normal, moist condition, not less than 9 per cent of crystallized morphine when assayed by the process given below." It establishes the purity by chemical, microscopical and plariscopic tests, and also regulates the strength of medicines. The Pharmacopeia gives working formulas, and states the average doses of medicines used internally. It does not, however, treat of therapeutic action nor the history of medicines. These matters are taken up by the commentaries, such as the United States, National Standard and American Dispensatories which are intended for the use of both physicians and pharmacists. Remington's Practice of Pharmacy and Caspari's Treatise on Pharmacy are commentaries on the Pharmacopeia intended for pharmacists. The dispensatories treat of many medicines not official in the Pharmacopeia. The com-

mentaries are private enterprises and in no way official.

Legal Importance of the U. S. P. VIII.—While the Pharmacopeia is not authorized by the government, it is recognized, with the National Formulary, by the Pure Drug and Food Law as the standard authority. Some of the state laws also mention the Pharmacopeia, and the number will increase as the states adopt pure drug and food laws. In Illinois, a peculiar condition exists, for the law designates the U.S.P. VII, which was superseded by the U. S. P. VIII, September 1, 1905, and is no longer in use by pharmacists. This law of our neighboring state is not quite as far out of date as the work on natural history, which the native Chinese pharmacists say physicians still use as a pharmacopeia. It was written by Li-shi-chin between 1552 and 1578.

The Resources of the Pharmacopeia.—The U. S. P. VIII contains thirty-three classes of pharmaceutical preparations. Twenty are liquid and thirteen solid. Twenty-five classes are for internal administration, and eight for external use. A few of these classes, like liniments, ointments and suppositories, are the outgrowths of therapeutic demands, but the majority, like fluid extracts, elixirs and emulsions are the result of pharmaceutical skill exercised in behalf of elegant and efficient preparations. As far as individual remedies are concerned, the Pharmacopeia offers 95 medicines. President Eliot, at the dedication of the Harvard Medical School, a few days ago, said, "The progress of what we call civilization exposes human beings more and more to the ravages of disease." I trust that you agree with me that the U. S. P. with its one thousand remedies is keeping the physician fully armed for the battle with diseases which the good Dr. Eliot sees in the wake of modern civilization.

Physicians Ignorant of the Pharmacopeia.—I desire to call your particular attention to the fact that the Pharmacopeia originated at the hands of physicians, and until 1850 was revised by the medical profession. Gradually, from that date pharmacists took an increased and physicians a decreased interest in the authority until about five years ago when medical ignorance on this important subject reached its height. Now the pendulum seems to be swinging in the opposite direction, but carries with it pharmacists as well as physicians, for the former do not give up interest as the physicians become more active. They are disposed to share the work and responsibility with the medical profession. Leading medical journals, medical societies, medical text and reference books and the American Medical Association all attest to the renewed interest in materia medica, prescription writing and the Pharmacopeia. The action of some of the large pharmaceutical and chemical manufacturing firms in issuing for free distribution an Epitome of the Pharmacopeia and the National Formulary is an unmistakable evidence of the tendency of the times for the commercial pulse is quick to feel the effect of changed conditions.

In Conclusion.—I desire to remind you that it is the physician's own fault if the U. S. P. VIII has medical defects and faults. The medical profession of Missouri is particularly to blame in this respect, for only one practitioner of medicine registered at the 1900 convention from the great State of Missouri, and he did not remain to learn the nature of the deliberations. Missouri is represented by a vice-president of the convention, the secretary, a trustee and one of the twenty-six members of the Committee on Revision, but they are all known to the convention as pharmacists. It is less than four years before the convention of 1910 meets on which occasion I hope our state and our city will send as delegates their share of active practitioners of medicine.

THE NATIONAL FORMULARY AND ITS ELEGANT PREPARATIONS (WITH EXHIBIT OF PREPARATIONS.)

PROF. FRANCIS HEMM.

ST. LOUIS, MO.

In the early eighties the prescribing of the multi-varied so-called elegant pharmaceuticals throughout the entire country, attained such proportions, that pharmacists began to realize, that unless something decisive be done promptly to put somewhat of a check upon the fad, they would neither have shelf-room enough nor money enough to carry the stocks demanded to fill prescriptions.

Manufacturers of self-made authority in therapeutics and pharmaceutical manufacture were vying with each other to see who could produce the most and latest combinations and newest colors and flavors.

So fascinating was this field to many that in less than ten years, pharmacists everywhere, were compelled to carry the products of at least two scores of manufacturers, which perhaps with a little different flavor, color proportions or consistency, were practically all of similar composition so far as therapeutic value was concerned.

With each firm's detail men out working the doctor, every one naturally made some demand for their goods, and if there is any one who could attest this, it was the pharmacist who suffered the brunt of it—for each time he received a prescription, he had a new preparation specified; or if not new, then one of the six kinds already in stock by other manufacturers—this time 1-70 gr. strychnine in a teaspoonful, instead of 1-50, 1-60, 1-80, 1-90, 1-100 or 1-120—contained in those on hand.

About the middle of the eighties the druggists of New York and Brooklyn joined in the work of interesting the physicians of their particular locality in the scheme of devising a standard formulary for unofficial preparations of the so-called elegant or palatable kind

The project was well received by the local medical profession, and the outcome was the publication of the New York and Brooklyn Formulary. It was only a little manual, and was restricted to that class of remedies mostly used in their localities.

It proved such a success there that in a short time it was noised abroad, and the whole country seemed to awaken and take up the project of a scheme which might afford all similar relief. It was not long before the Brooklyn and New York people, encouraged by their own successes advocated a National Formulary through the American Pharmaceutical Association and offered the said association their work as a nucleus for a more extensive formulary. This tender was accepted at the Pittsburg meeting in 1885, and a suitable committee was appointed to construct a National Formulary.

At no time was it the aim of this committee to imitate proprietary fads and nostrums then extant and largely prescribed, but recognizing that the resources of the medical profession for standard remedies could not be restricted to those in the pharmacopeia, they kept in mind the need of offering the physician, first of all uniform and rational combinations; and secondly, elegant and palatable preparations, whenever such was consistent with efficacy.

In such instances, however, where efficacy would have been sacrificed for mere elegance of appearance or palatability, the formula was constructed to maintain therapeutic effect.

It was therefore not expected that these perparations would replace (at least not readily) with the laity the much advertised fancy fakes and nostrums of ridiculous and absurd combinations, and of which may were only pleasant tickles, and devoid of any medicinal value.

It was hoped, however, that the physician in the interest of certainty and uniformity of composition; and to discourage secrecy of composition and self-medication; also to lessen the cost of medicines to his patients and to encourage legitimate pharmacy, would accept the National Formulary as his guide in prescribing the class of remedial preparations for which it dictates formulae.

The reception of the first National Formulary met with fairly good success on the part of the American physicians generally.

The second edition was likewise well encouraged.

Tonight I have great pleasure in presenting to this distinguished audience of physicians the claims of the third edition of the new National Formulary, just issued. What success this new book will meet with depends largely on you, gentlemen. All depends upon whether you will accept it or pass it by.

I think I am safe in predicting that you will accept it and make it a success; but I also realize that you are from "Missouri."

Well, gentlemen, I have been sent here to show you.

Without much further ceremony, and not wishing to inflict myself upon you for any longer time with preliminary talk I will proceed at once to my part of the programme.

The committee of the National Formulary of the American Pharmaceutical Association—third edition:

C. Lewis Diehl, chairman, Louisville, Ky.
C. S. N. Hallberg, Chicago, Ill.
Chas. Caspari, Jr., Baltimore, Md.
Wilbur L. Scoville, Boston, Mass.
Wm. C. Alpers, New York, N. Y.
A. B. Stevens, Ann Arbor, Mich.
C. A. Rapelye, Hartford, Conn.
H. P. Hynson, Baltimore, Md.
F. W. Meissner, Jr., La Porte, Ind.
Louis Efmanuel, Pittsburg, Pa.
E. G. Eberle, Dallas, Tex.
Edw. Rauber, Milwaukee, Wis.
Wm. Mittelbach, Boonville, Mo.
Geo. C. Diekmann, New York, N. Y.
Francis Hemm, St. Louis, Mo.

A. Scope of the third edition:

CLASSES OF PREPARATIONS.

1. Aceta.
2. Acida.
3. Aquae.
4. Balsama.
5. Chemicalia.
6. Cerata.
7. Collodia.
8. Cordialia.
9. Decocta.
10. Elixiria.
26. Misturae.
27. Mucilagines.
28. Olea Infusa.
29. Oleata.
30. Oleosaccharа.
31. Olea Medicata.
32. Oxymelita.
33. Petrolata Saponata.
34. Pilulae.
35. Pulveres.

11. Emplastra.
12. Emulsa.
13. Essentiae.
14. Extracta.
15. Fluid extracta.
16. Gelatina.
17. Glycerita.
18. Glycerogelatinae.
19. Gossypia.
20. Infusa.
21. Lacta.
22. Linimenta.
23. Liquores.
24. Lotiones.
25. Magmae.
36. Pulveres Effervescentes.
    Pulveres Effervescentes Granulati.
37. Sales.
38. Species
39. Spiritus.
40. Spongiae.
41. Succi.
42. Suppositoria.
43. Stili.
44. Syrupi.
45. Tincturae.
46. Unguenta.
47. Vina.
48. Oleo-Stearata.
49. Formulas for preparations dismissed from U. S. P. 1890 and 1900.

B. List of Popular Preparations in St. Louis at this time, formulas for which are given in the N. F. III:

1. Lac bismuth, p. 5.
2. Campho-menthol, 6.
3. Chloral-camphoratum, 7.
4. Collodium iodatum, 7.
5. Collodium iodoformatum, 7.
6. Collodium salicylatum c. 7.
7. Cordiale rubi fructus, 8.
8. Elixir, aromatic, 9.
   " acidi salicylici, 9.
   " ammon. bromidi, 9.
   " cinchona (or calisaya), 16.
   " cinchona and iron and other combinations.
   " digestivum compositum, 22.
   " eriodictyi aromaticum, 22.
   " ferri, pyrophosphatis, quininae et strychninae, 25.
   " ferri quininae et strychninae, 25.
   " gentian and its iron combinations, 26 and 27.
   " gentianae glycerinatum.
   " glycyrrhizae and aromaticum, 28.
   " glycerophosphatum, 29.
   " pepsini and combinations, 33 and 34.
   " phosphorus and with nux vomica, 34, 35.
   " potassium acetate and combinations juniper and buchu (diuretic group), 1 and 36.
   " potassii bromidi, 37.
   " rhamni purshianae and combinations, 38.
   " taraxaci compositum, 42.
   " terpini hydratis and with codeine or heroine, 42, 43.
   " viburni opuli compositum, 43.
   " viburni prunifolii, 44.

Besides these there are a number of cathartic and laxative elixirs, astringents, tonics and nervines too numreous to mention here, but worthy of careful perusal.

9. Emulsions:
   1. Codliver oil emulsions, 47 et seq. a. acacia; b. egg; c. Irish moss; dextrin, excipients, with seven different flavors to select from, viz.: a. wintergreen; b. wintergreen and sassafras; c. orange; d. wintergreen, bitter almond and coriander; e. wintergreen, sassafras and bitter almond; f. wintergreen and bitter almond; g. orange flower, bitter almond and cloves. Combinations: phosphates, lactophosphates, lime and soda, extract malt; wild cherry, phosphatic.
   2. Emulsum petrolei, 53.
   3. Emulsum olei ricini, 52.
   4. Emulsum olei terebinthinae fortior, 52.
10. Essentia pepsini.
11. Fluid extractum rhamni purshianae alkalinum, 65.
12. Dr. Unna's glycerogelatins, 91.
13. Gossypium stypticum, 72.
14. Iodoformum aromatisatum, 73.
15. Kumyss, 73.
16. Liquor aluminii acetatis, 77.
17. Liquor antisepticus alkalinus, 79.
18. Liquor auri et arseni bromidi, 79.
19. Liquor carmini, 81.
20. Battery fluids, 82, 83.
21. Liquor ferri albuminati, 84.
22. Liquor ferri peptonati, 87; and cum mangano, 88.
23. " hypophosphitum compositus, 90.
24. " morphinae hypodermicus, 92.
    " pancreaticus, 93.
25. " pepsini, 93; and aromaticus, 94.
26. " phosphatum acidus, 94.
27. " phosphori, 95.
28. " picis alkalinus, 95.
29. " Saccharini, 97.
30. " seriparus, 97.
31. " sodii carbolatus, 98.
32. 1, Lotio plumbi et opii, 103.
33. 1, Magma magnesiae (milk of magnesia), 103.
34. 1, Mistura chlorali et potassii bromidi composita, 106.
35. 2, Mistura chloroformi et cannabis indicae composita, 107.
36. 3, Mistura contra diarrhoeam, 108.
    4, Mistura copaibae, 109.
37. Pasta dermatologicae, 118. (Lassar, Unna and others).
38. 1, Pills, 120-128.
36. 1, Powders, 129-140.
    a. P. anticatarrhalis, 132.
    b. P. antisepticus, 133.
    c. Pepsini compositus, 16.
    d. Artificial mineral water salts, 138-140.

40. 1, Syrupus bromidorum, 151.
    2, " calcii et sodii hypophosphitum, 152.
    3, " calcii iodidi.
    4, " eriodictyi aromaticus, 156.
    5, " ferri saccharati solubilis, 160.
    6. " hydrochlorophosphatum, 161. (Syrup phosphates with quinine and strychnine).
    7, " Dover's powder, 162.
    8, " phosphates compound, 165. (chemical food)
    9, " pini strobi compositus, 166.
    10, " quinidine.
41. 1, Warburg's tincture, with and without aloes, 174, 175.
    2, Tinct. cresoli saponata, 177.
    3, Tinct. viburni opuli composita, 187.
42. 1, Salve mulls, 189.
    2, Ung. resorcini compositum, 191.
43. Vinum carnis et ferri, 193.
    " cocae aromaticum, 194.
    " pepsini, 195.
    " picis, 195.

List of National Formulary III preparations on exhibition tonight:

1. Elixir aromatic, white and red.
2. " anisi.
3. " cinchona, calisaya.
4. " chinchona detannatum.
5. " digestivum, compositum.
6. " ferri pyrophosphatis, quininae et strcyhninae.
7. " gentianae glycerinatum.
8. " glycerophosphatum.
9. " potassium bromide.
10. " terpin-hydrate.
11. " rubi compositum.
12. " potass. acet. et junip.
13. " buchu comp.
14. " lithii citratis.
15. " acidi salicylici.
16. " taraxaci compositum.
17. Emulsion codliver oil, acacia.
18. " codliver oil, phosphatic.
19. " petrolei.
20. " castor oil.
21. " turpentine stronger.
22. Ess. pepsin.
23. Liq. antisepticus alkalinus.
24. Liq. ferri peptonati cum mangano.
25. Mistura chlorali et potassii bromidi composita.
26. Pulvis antisepticus.
27. Syr. bromidorum.
28. Syr. eriodictyi aromaticus.
29. Syr. ferri saccharati solubilis.
30. Syr phosphates compound.
31. Syr. strobi compositus.
32. Tinct. viburnum compound.

Concluding Remarks.—In the interest o science, as well as for other important reasons, we would respectfully urge physicians to employ on their prescriptions the latin names for National Formulary preparations.

Even though some are lengthy, it will be preferable to abbreviate than to use the English titles, and besides no doctor ought to shy when he meets complex names; his anatomical terms ought to make all others look tame to him.

THE PRESCRIBING OF PROPRIETARY REMEDIES.

J. C. FALK, PH. G., M. D.

ST. LOUIS.

THE proprietary medicine and nostrum question is a polyhedral problem, and may be discussed endlessly without solving its intricacies, but the agitation now going on serves a good purpose in educating the mass of the medical profession to a point where they will lessen the number of this enigma.

While a large number of physicians do prescribe intelligently—hence ethically—the greater proportion unfortunately have rather vague ideas as to where they ought to place the limit, and go far beyond the border of professional self-respect in prescribing nostrums of whose composition they are ignorant.

The enormous number of proprietary remedies now on the market is undoubtedly due to the fact that the manufacturers find this a profitable field for commercial ventures. Of course there are many failures marking the way of these enterprises, but a disappointment in one instance in not making a lot of money through the help of our profession only spurs them on to renewed effort in another direction.

When the manufacturer has decided to try his luck on some preparation he has concocted he gives it a fanciful name, gets it copyrighted and and then hunts up his nonsalaried salesmen—the physicians—those willing workers without whose efforts the proprietary maker would soon be out of business.

To get the doctors lined up for his purpose he employs a few well paid agents, engages some costly pages in the advertising space of the friendly medical journals and buys a lot of postage stamps to distribute his circular letters. With these forces playing upon the doctors it is usually not long until he has a large army of prescribers striving with all their might to pay his advertising bills and pile up a big fortune, upon which he can live with ease while they struggle along as best

they can. Literally "they work while he sleeps."

The average physician is easily led into the prescribing of proprietaries by the arguments of the manufacturer, because he has much of the inherent human trait of believing what he sees in print, and accepting as truth what is told him concerning the properties of medicines. This fundamental weakness of all civilized people—cultivated as well as ignorant—medical men share equally with the lay public.

This innate tendency on the part of physicians could be materially controlled if they had a better knowledge of legitimate materia medica; if they thoroughly understood the physiological action of the important known drugs and chemicals, and if they had a reasonable comprehension of pharmaceutical compatibility and the allied subject prescription writing.

We find that the physician is not trained with the view of being able to withstand a negative pressure from within and the positive force from without; negative within, because of his consciousness of the fact that he is unable to combine prescriptions with therapeutic and pharmaceutic accuracy and positive force without by reason of his inability to resist the arguments of the trained manufacturer when he points out the claimed advantages of his particular nostrum.

Now, we we are getting to the primary source of the difficulty.

The medical college does not give its graduate a sufficient working knowledge of prescription writing. When the young doctor leaves school to enter active practice he is at a loss as how to write, at the spur of the moment, and in the presence of a suspicions patient, an order for the medicines that he may have in mind as meeting the indications. In the hazy whirl of his excited brain there stands out in the midst of a conglomerate of remedies the name of the most recently exploited proprietary, which he remembers the agent assured him was the best thing in the therapeutic universe for just such a case. And down goes the name on the prescription blank with a sigh of relief that will hardly be echoed by the patient.

This experience, repeated daily, leads him into the habit—easily acquired, but difficult to shake off—of writing for ready-made mixtures and newly launched remedies.

In defence of the medical college it may be argued that the demands of modern medical education are so severe that there is not sufficient time to devote to the acquirement of the technique of prescription writing.

And it might be further claimed that this ability must be gained in actual practice—that it is not in the province of a medical school to make its students adepts prior to graduation.

True enough, but the young physician has a right to expect a foundation of instruction in that direction that is a little more practical than is generally the case. And he also ought to be fortified by a consistent example on the part of his teachers—a deficiency that is glaring only too often.

In the last year at school more time ought to be devoted to the teaching of this important practical subject. And the instructors should inform themselves more thoroughly in the matter of prescription writing so that they may be better able to instruct their pupils. Our medical teachers in many instances show an inexcusable ignorance of the United States Pharmacopeia, and as to the National Formulary that work may as well be a volume in Sanskrit so far as their familiarity with its contents is concerned.

What can be expected of a medical graduate whose instructors do not know the difference between the United States Pharmacopeia and the United States Dispensatory, and are unable to comprehend the points of dissimilarity between an authoritative pharmacopeia and commenting dispensatory?

I will venture to say that one-half of the professors and other instructors in the medical colleges of the United States today could not intelligently describe the subject matter of either of the above mentioned works. And it is a self-evident fact that without a clear conception of what these books are and contain, no one can comprehend or teach ethical and legitimate prescription writing.

In view of the known fact that we cannot prevent the commercial instinct of the manufacturing pharmacist from attempting, with all his resources, to accumulate wealth, and to accomplish this purpose in a manner that experience has shown him to be most successful, that is, through the medium of the medical prescriber, what can we do to minimize this admitted evil?

In answer I should say: teach the teachers, that they in turn may train the coming generation of prescribers. The older nostrum prescribers are firmly fixed in their habits and will in most instances have to be allowed to dose their patients with proprietaries to their mutual graves. But with the younger and coming physicians something can be accomplished in the way of guiding their steps in a correct line, and we must plan for them.

At every possible opportunity (for instance occasions like this evening's meeting) let us remind the medical teachers of the duty they owe to their pupils, the profession—and ul-

timately to the general public—in that they should so familiarize themselves with the legitimate materials of medicine that they may, by force of example, always lead their followers in the proper direction.

Every lecturer in a medical school should own a copy of the last revision of the United States Pharmacopeia and a copy of the National Formulary, ought to thoroughly acquaint himself with the important features of each of these books, and then frequently refer to them in the course of his lectures. By these oft-repeated reminders the young doctors will be lead into the habit of looking to these two very desirable sources for prescriptions, and this routine practice inculcated early in their professional lives will leave lasting and valuable impressions.

Thus they will be in a position to meet the nostrum vendors' specious arguments with some degree of self-confidence.

We must not let those physicians who having no medical college affiliations think they can hide themselves in their obscurity and go on prescribing in their own reckless way without censure. They also have a duty to perform and owe it to their profession that they do not by word or example render the way of the reform now under progress any more difficult. They should look to themselves carefully, and see if they cannot prescribe rationally, as becomes scientific men, who recognizing a definite pathological lesion, meet the condition with a definite and known therapeutic measure; a remedy whose composition they know.

If then they obtain favorable results they have a scientific basis on which to plan subsequent treatment in similar conditions. The physician who is constantly vacillating from one nostrum to another, knowing nothing of their composition, having no data bearing upon their physiological action, and being in the dark as to their therapeutic value is illy adapted for a pattern for the young practitioner who should have placed before him ideals of a profession whose modern aim and goal is exact scientific methods.

In closing, let me summarize my suggestions: Let all physicians, especially medical teachers, familiarize themselves with the United States Pharmacopeia and the National Formulary, and restrict their prescribing as near as practicable to the preparations embodied in those two books.

2701 Stoddard street.

THE appearance of pus in the breast of a woman who is not, or has not recently been nursing, is suspicious of some unusual form of infection, e. g., tuberculosis.

THE MEDICAL FORTNIGHTLY

Issued Tenth and Twenty-Fifth of Every Month.

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EDITORIAL

The Season's Greetings.

IT is a happy custom that makes the year's end and beginning a season of greetings and expressions of good wishes; in the intimacy of the family, between friends, and even between strangers, the exchange of felicitations result in a comfortable uplift. It is a form of giving which surely blesses both him that gives and him that receives. As has been our custom for years past we most heartily wish our readers each and all a Merry Christmas and a Happy New Year. May your new year be the best year, just as every year should be. If you will look for it with a sufficient degree of earnestness, happiness and prosperity in all your goings to and fro will be a matter of daily experience. You may not have noticed it but people find pretty much what they are bent on finding in this world, and he who enters 1907 with "a chip on his shoulder," and bitterness in his heart, will surely find a lot of unpleasant people and many unhappy experiences before the year ends. The real lesson of the life of Christ, whose birthday the world celebrates at this time, has inseparably woven into it a deal of cheerfulness, helpfulness and good will; these are features of the real Christian life; we have no purpose to deliver a sermon, but we can wish for the readers of our journal no better things for 1907 than a full realization of the spirit of Christmas throughout the year.

THE FORTNIGHTLY INDEX.—A glance at the annual index inclosed with this issue will give our readers a fair conception of our work during the past twelve months.

Retrospect and Prospect.

THE time for stock-taking has come again and a careful inventory may quite as advantageously be taken by the man of medicine as by the man who follows a mercantile calling; even a medical journal may find future advantage in checking up and coming to a realization of how fully it is fulfilling its mission. The year has been one remarkable for general prosperity throughout the country, as is shown in all lines of commercial activity, and there are few of us who have no reason to appreciate it from its effect on some one or another phase of our lives. THE MEDICAL FORTNIGHTLY has experienced its share of good things of the good times, and has enjoyed a satisfied sense of a very considerable degree of usefulness. At the same time we must confess to some disappointment that we have not achieved a considerably greater degree of usefulness, having that healthy lack of complete satisfaction which leads to continued effort toward better things.

Our readers will have noticed some change in the editorial management recently made, Dr. Norbury remaining with us only as editor of his department, Neurology, and in an advisory way. While we have deeply regretted his being compelled, on account of increasing professional duties, to withdraw from the active editorial management, we believe that the change has been effected without loss to our readers. Some further changes and additions to our editorial staff will be made early in the future, it being our definite purpose to give a considerable increase in the amount of translations and department work during 1907. THE MEDICAL FORTNIGHTLY continues the official journal of the Medical Society of City Hospital Alumni, and we hope to present considerably more original matter from this source than during 1906. The society is one of the strongest in the city, it is doing splendid work, has a most pleasing outlook, and our readers, other than members of the society, will have the benefit of this through the FORTNIGHTLY.

It is our purpose to resume our course of Post-Graduate lectures in an early issue. Among our readers we are so fortunate as to include a large number of physicians who are residents of smaller towns and of the country tributary to St. Louis who are compelled by the circumstance of their location to do some little of the lesser work of each and all of the specialties; for this class of readers and as a matter of general interest, it has been our custom to conduct what we have called our post-graduate course, and which has been made up of concise, practical papers, from men of eminence, dealing with such points as their experience has shown them are liable to be overlooked or misapplied by the general practitioner. It is our purpose that the course for 1907 shall be, above all, practical, the papers already promised indicate that we will have those to address us who can command an audience anywhere.

The managing editor feels his indebtedness to all those who have by their contributions and otherwise, assisted him in making 1906 one of the better years of the FORTNIGHTLY'S existence, at the same time we would thank our readers for the encouragement we have found in their appreciation of what we have had to offer; such an audience is indeed an incentive to enthusiasm. It is also meet that we acknowledge our obligations to the advertising patrons; without their hearty co-operation in this work, our plans for enlarging and improving could scarcely be consummated.

The "Funny" Paper.

THE development of the Sunday paper is one of the marvels of recent days; the influence of the Sunday paper is still an undetermined factor in the weal of the community. We have expressed ourselves freely in the matter of certain advertisements which appear in these papers, and we had purposed giving some attention to the so-called "Funny Side," it appearing that the fun is largely so frightfully overdrawn as to be no longer humorous, making the sheet as a whole pernicious in its effects. The editor of the Alienist and Neurologist may well be quoted on the subject. He says that the morbid imagination of the "Sunday newspaper illustrators suggest the lunatic asylums. The antics of Maud, Little Nemo, Panhandle Pete, Foxy Grandpa and the Kids, Jimmy, Buster Brown and others of that ilk can be duplicated in any well supplied asylum for the insane and indicate a ready vocation for lunatics. The fun of Buster Brown appears the most rational and is indicative of a higher grade of reasoning insanity than the others. It is a sort of humorous paranoia that ought to soon end in silent terminal dementia. The antics of a few lunatics at large, if faithfully delineated would duplicate the entire performances of the entire funny picture progeny of our public press. The psychic influence of Foxy Grandpa series is especially bad on children, who are disposed to take many of the pictured portrayals too seriously, generating in their minds irreverence and disrespect of age."

The Hospital Society Elects Officers.

THE annual meeting of the Medical Society of City Hospital Alumni was held in the hall of the Medical Library on the evening of December 6th. The annual report of the officers showed that the society is in a very satisfactorily prosperous condition. The society elected the following officers for 1907:

President, Dr. W. C. G. Kirchner.
Vice-President, Dr. W. E. Sauer.
Secretary, Dr. W. H. Mook.
Treasurer, Dr. Jules Brady.

THE MEDICAL FORTNIGHTLY continues the official organ of the body, as heretofore.

No More Bacteria by Mail.

THE local postal authorities have lately been concerned, because it has been discovered that physicians were sending various specimens to the city bacteriologist for examination through the mails and this has been ordered discontinued. To those of us who have never thought of using the post for this purpose it seems surprising that anyone could ever have thought it safe to do so, and we congratulate St. Louis that it was stopped before a calamity resulted.

The St. Louis Medical Society.

ON January 12, 1907, there will be a meeting of pharmacists and physicians to take up the mutual relations of the two professions. This meeting promises much interest, and we anticipate a large attendance. The following is the program:

MEDICINE AND PHARMACY.

An analysis of the New Pharmacopeia, Mr. J. M. Good. Discussion by Dr. J. L. Boehm.

The Mission of the National Formulary with Exhibit of Selected Preparations, Prof. Francis Hemm. Discussion by Dr. Justin Steer.

The Ethics of Prescription Writing, Dr. A. E. Taussig. Discussion by Mr. A. A. Kleinschmidt.

The Ethics of Prescription Compounding, Mr. Emil A. Sennawald. Discussion by Dr. O. A. Wall.

This meeting is gotten up by the St. Louis Medical Society, which has invited the Alumni Association of the City Hospital, the Cinchona Club, the St. Louis Retail Druggists Association, the St. Louis Drug Clerk Association and the Alumni Association of the St. Louis College of Pharmacy to participate. This joint consideration of a live topic follows up an excellent program recently carried out by the Society of City Hospital Alumni, a report of which will be found in this issue.

HOSPITAL SATURDAY AND SUNDAY COLLECTIONS.—The annual collection for charitable work in the various city hospitals took place the first Saturday and Sunday of December, the amount collected has not yet been announced definitely, but returns have come in sufficient to indicate that the figure will be about $40,000.

A RARE FORM OF INTESTINAL STENOSIS.—Gayanes (Rev. de Med. y Cir. Pract., July,) publishes a remarkable and hitherto unrecorded case of ileus. The obstruction resulted from two constricting circular bands of proliferated mesenterial fat about the small intestines (ileus lipomatosa anularis). Death followed a perforation of the rectum as the result of a careless inflation with a carbon dioxide enema a day preceding the contemplated operation.

A PLAN FOR SAVING INFANT LIFE.—When Alderman Broadbent, a brother of Sir Wm. Broadbent, the King's physician, took office as mayor of Huddersfield, on November 9, 1904, he devised a novel scheme to reduce infant mortality. He offered to give parents living in a specified district of the city a guinea for every child born during his twelve months in office and living at the end of twelve months. The result of the experiment was announced recently, on the second anniversary of its inauguration. The rate of infant mortality in the Longwood district of Huddersfield, which is the experimental area, had averaged 122 per thousand for the preceding ten years. The period of the tests proved somewhat unfortunate. There were sericus epidemics of whooping cough and measles, while the summer of 1906 was one of the deadliest recorded. The first baby to earn the gift was born on November 10, 1904, and the last on November 8, 1905. The mothers notified the managing committee of the births of these babies. No fewer than 107 received the gift. Four died and one did not claim the gift and its fate cannot be learned. If, however, it is reckoned as dead the average mortality works out 44 per thousand as compared with the previous 122 per thousand, certainly an astounding reduction. —Med. Record.

REPORTS ON PROGRESS

Comprising the Regular Contributions of the Fortnightly Department Staff.

SURGERY.

JOHN MCHALE DEAN, M. D.

Excision of Neck Cancer.—Crile (Jour. A. M. A., Vol.. XLVII, No. 22) in a well illustrated article treats the subject of cancer of the neck from an operative standpoint. The author maintains that all cancers naturally have an operative stage, and that when taken in time the results as far as cure are concerned, are better than in other not superficially located areas. Cancer at this site seldom shows metastasis or are the deep tissues often involved. The chance of premanent cure is accordingly greater. He advocates the block dissection of the neck, removing all glands, and if necessary, the internal and external jugular veins can be removed. Temporary closure of the carotids make clean dissection more easily accomplished. This is done by a pneumatic rubber tube. Infection of the wound and lungs is guarded against by previously packing the fauces with gauze after passing a rubber tube through each nares in such a way that the external ends can be adjusted to the anesthetic inhaler the internal ends passing well into the laryngeal space. In this way the anesthetic can be administered conveniently, at the same time lessening the danger of infection, and absorbing the mucus and blood that may be present. The author reports 132 cases operated on, and in the above number the lips, lymph glands and face were the most frequent sites. Of twelve cases operated on according to the block dissection, nine are living three years after without a recurrence is a strong argument in favor of this method of treating these cases. The author makes no mention of deformity following these dissection neck operations. In some extensive operations of this type the deformity is appalling.

Surgical Treatment of Goiter, Based upon Three Hundred Observations.—(Abstract of a paper read before the Southern Surgical Association, Dec. 11, 1906, by C. H. Mayo, Rochester, Minn).—The medical profession of America is taking a progressive position in recommending operation as the cure for goiter, including, also, that serious affection, exophthalmic goiter. The simple goiters in girls at puberty are not included in this rule. Excepting operation for malignancy and Grave's disease, the great majority of operations are those of expediency and not of necessity. Therefore, a low operative risk is imperative. In uncomplicated cases, the mortality following operation is almost an accidental one. There were 110 cases of Grave's disease with nine deaths, and but two of these were in the last 64 operations. In two sarcomas and six carcinomas there was one operative death, which occurred on the third day. Aside from these recorded there was one death from pneumonia on the eighth day. Pathologically, there is a change in the gland which is essential to Grave's disease or hyperthyroidism. This is in the greater number, size and shape of the cells and in the lack of normal colloid.

Preparation.—Patients are prepared as to lung complications, and the rhythm and tension of the pulse, which should be carefully investigated, as they are the danger signals.

Anesthetic.—Very rarely is local anesthesia employed, the preference being for the open drop method of giving ether. The patients receive from 1-120 to 1-150 grs. of atropine and 1-6 gr. of morphine 20 to 30 minutes before the giving of the anesthetic.

Operation.—The position of the patient is head up (reverse Trendelenberg with a roll of gauze under the neck to elevate small tumors.) A transverse collar incision is made through the skin and platysma muscle, the sternohyoid muscles separated at the mid-lines. In exophthalmic goitre and complicated cases, the anterior muscles on one side at least are severed as high as possible over the thryoid to preserve the nerve supply and break the scar effect. Cysts and encapsulated growths are enucleated; other goiters are extirpated, care being exercised in preserving the parathyroids to prevent tetany and in protecting the recurrent laryngeal nerves. In this we are aided by leaving the posterior capsule of the gland in the extirpation. Sufficient gland substance should be preserved to prevent myxedema, and, as it depends upon the character of the gland, no definite rule can be given as to what constitutes the proper amount.

GENITO-URINARY.

T. A. HOPKINS, M. D.

Syphilis of the Testicle.—In a consideration of syphilitic testicle (Am. Jour. of Surg., Dec., 1906) Muren discusses the two forms: 1st. An epididymitis usually occurring during the second period, sometimes of sufficient extent to attract the patient's attention, but frequently existing as a small nodule not noticed, and in either case responding readily to anti-syphilitic treatment. 2d. An orchitis, or epididymo-orchitis, appearing as

a late tertiary manifestation. In the first variety, other symptoms of the constitutional disease make the diagnosis clear. It is in the second variety that diagnostic errors are so frequently made. It occurs in two forms: 1. As a true interstitial orchitis. 2. The gummatous variety. The first variety occurs late in the course of the disease, and may appear long after other symptoms have disappeared. The enlargement is usually gradual, and for some time may not attract the patient's attention. While there may be slight pain at first it soon disappears, and when the condition is well developed, in most cases, the testicle is insensitive to pressure. The enlargement is smooth, hard and board-like, and the gland is about twice its normal size, or even larger. The epididymis is usually not involved. Both testicles may be affected, though usually but one is. The gummatous variety is characterized by the formation of multiple nodules and by the greater size of the testicle. When a patient presents himself with a large smooth testicle, hard, and almost entirely insensitive to pressure, it is next to impossible to make a differential diagnosis between syphilis of the interstitial variety and some form of malignant disease. The additional question of a possible tuberculous origin may further obscure the diagnosis. The "clam shell" enlargement of the epididymis which Keyes considers pathognomonic of the gummatous variety would help to clear the diagnosis in that form of the disease. To quote from his book: "The globus major is commonly involved, globus minor less often. The inflamed portion of the epididymis forms a solid mass with a sharp edge which I have seen half as large as the palm of the hand. It caps the end of the testicle, separated from it by a distinct sulcus, so that the organ seems to be resting in a clam shell. There are no nodules, as in tuberculosis, and the cord is uninflamed. The pathognomonic clam shell is usually seen above the testicle, sometimes below it; at the same time the body of the testicle is usually implicated."

The Diet and Albuminuria.—H. Stern, New York (Jour. A.M.A., Nov. 17), recapitulates the results of a series of experimental studies of 82 patients who had the one common symptom of excretion of serum albumin in the urine. The object was to determine the influence of certain types of nutritives and ingesta not on the underlying disease, but on the accompanying symptoms of albuminuria. The substances tested were proteids in the form of milk, eggs and meats. The commonly employed carbohydrates and water. Before adding the other proteid-containing ingesta the patients were kept on an exclusive milk diet for two weeks; other proteid materials were then substituted for the milk. The changes observed during the milk diet were diminution of the albumin, in the larger number of cases in which any changes at all occurred, and in a smaller proportion, an increase. The influence of rest in diminishing the albuminuria seems marked in these experiments. The change to other proteid diet was more frequently accompanied by a transitory increase than by a decrease though in the majority, no effect was observed. His conclusions as regards carbohydrates and fats are that they have practically little effect on the production of albumin and rise and fall of the albuminuric excretion. The ingestion of large amounts of water, while it enhances diuresis and intestinal peristalsis, and favors gastro-intestinal disorders, has little or no effect on the albuminuria in the vast majority of cases. With smaller amounts (up to 35 c.c. per kilogram of body weight daily) there may be slight temporary but not permanent augmentation of the albuminuria. In the treatment of albuminuria per se the maximum amount of water taken is of little practical importance unless some advanced heart or kidney trouble, or some gastrointestinal disorder exists; and the minimum amount of water should not for any length of time be less than is required for the introsystemic osmotic processes.

The Treatment of Tuberculosis of the Urinary Tract of Women.—E. Garceau, Boston (Jour. A.M.A. Nov. 3), reviews the subject of tuberculosis of the bladder, kidneys and ureters in women, reporting eighteen cases. The prognosis of these conditions is today vastly better than it was, thanks to better means of diagnosis and better methods of treatment. The treatment of vesical tuberculosis is considered under the three heads of hygiene and climate, local treatment and surgery. In very early cases in the well-to-do and in those not suffering severely a change of climate, with close observance of hygienic requirements, exercise and rest, abundant nourishment and constant medical supervision, will be best to begin with and has affected cures. Patients suffering severely demand immediate relief. A general hygienic treatment is also recommended in very advanced cases in which the whole urinary tract has been invaded; in these, outdoor life in a well-regulated sanitarium will make conditions more endurable while life lasts and may even arrest the disease. Vesical tuberculosis has two stages; the one before tubercle formation, and the other after. In the first, local treatment does no good and is ex-

cessively painful and it is best to enjoin rest and to administer general sedatives. The urine should be kept as bland as possible and hygienic measures, rest and a regulated diet should be insured. In the second stage when the tubercle has broken down and ulcers are appearing, local treatment with corrosive sublimate and nitrate of silver can do a vast amount of good and sometimes effect a cure, and a great advantage is that the method can be carried out in hospital practice and is available for the poor. Garceau gives details of the methods of using both these remedies, the former in solution according to the Guyon method and the nitrate by direct application to the ulcers under local or general anesthesia. If this treatment should fail or it can not be borne by the patient, recourse should be had to a vaginal cystotomy which gives immediate relief and makes subsequent local measures more endurable. He believes that it should be resorted to early in a larger number of cases, provided the patient is willing to submit to subsequent careful supervision. Tuberculous ulcers only rarely are deep enough to require excision, and this measure should be resorted to only after failure of the persistent use of nitrate of silver. Granulations may call for curetting, but this should never be done in an early case while the tubercles are just appearing as it can then do nc good and only opens up new areas for infection. Incipient kidney tuberculosis is best treated by a change of climate, but this is sometimes disappointing, and it is, moreover, seldom diagnosed in the incipient stage. Its frequent association with tuberculous disease in other parts of the body is also noted by Garceau, and the additional peril it involves in operation. Nevertheless a moderate focus elsewhere does not absolutely prohibit operation and the question must be decided according to the surgeon's judgment. A diseased kidney left in the body can only do harm and in time must be fatal, so a certain risk is justifiable. The mortality of nephrectomy, though still high, has been reduced and improvements in technic and better selection of cases will probably reduce it still more. Nephrotomy is only palliative and unless followed by nephrectomy leaves usually an intractable fistula. When the two operations are done successively the results have been brilliant and in bad purulent cases this should be the course adopted. Resection is unjustifiable as one can not be sure of leaving no diseased tissue. A tuberculous ureter should always be removed and an ulcer of the bladder at its lower end can well be removed with it. If the ureter is diseased only in its lower portion it may be worth while to try the climate cure before operating. Eighteen cases of bladder and kidney tuberculosis are reported and discussed, including three absolute cures. In two of the bladder cases the disease was primary, but the series does not throw much light on the question of primary involvement of the kidney. Garceau thinks that a more careful routine practice by physicians of watching for symptoms and of urine examination ought to aid us in this matter.

CORRESPONDENCE

PHILADELPHIA, December 5th, 1906.

MY DEAR DR. HOPKINS:

I have just received a copy of the MEDICAL FORTNIGHTLY for November 26th with a note on some "Errors in Medical English" to which I called attention. I am very much obliged to you for copying this, because it is only in this way that we can diffuse the knowledge of these errors. Curiously enough, my criticism of the use of such a phrase, "Three Further Cases have been Observed and Operated Here," seems to have been interpreted as a criticism of the use of the word "case" instead of "patient" or some equivalent, missing entirely the point of the criticism on the verb "operated" instead of "operated on or upon."

Yours very truly,

W. W. KEEN.

After tracheotomy the air of the phtient's room should be kept reasonably warm and moist. Draughts of cold air provoke much irritation.

Aneurism of the Posterior Wall of the Left Ventricle.—Riehl's (Münchner Med. Wochenschrift, Oct. 30, 1906) case is all the more noteworthy on account of the unusual location of the aneurism. The patient, a woman eighty years old, presented the following subject symptoms: attacks of dyspnea with a sense of oppression in the precordial region. Pain in the region of the heart radiating in the arms (angina pectoris), quite a constant symptom of aneurism of the heart, was absent. The objective symptoms were those common to sclerotic changes; dyspnea and cyanosis, cardiac murmurs—a small pulse, but no enlargement on percussion, either to the right or left, was discernable. The lungs were emphysematous. At the autopsy there was found, among other things, a thrombosis and complete obliteration of the posterior branch of the right coronary artery with an unruptured aneurism of the musculature about the size of a hen's egg.

MEDICAL MISCELLANY

ALCOHOL in diabetes is advocated by American Medicine on the ground that there is reason to believe that the first step in sugar metabolism by the cells is to convert it into alcohol. During the period then that sugar and starches are withheld it is believed to be well to deliver alcohol to the cells in minute doses and frequently, in order that the body may, by being built up, secure control of sugar metabolism. Small doses frequently repeated and well diluted appear to give excellent results.

THE HOT SAND BAG.—Many people appreciate the value of a hot water bag to relieve pain or improve the circulation. It is said that a hot sand bag is still better for this purpose. A physician gives the following directions: "Get some clean, fine sand, and dry it thoroughly in a kettle on the stove; make a bag about eight inches square, of flannel, fill it with the dry sand, sew the opening carefully together, and cover the bag with cotton or linen cloth. This will prevent the sand from sifting out, and also enable you to heat the bag quickly by placing it in the oven or on the top of the stove. After once using this you will never again attempt to warm the feet or hands of a sick person with a bottle or a brick. The sand holds the heat for a long time, and the bag can be tucked up to the back without hurting the invalid."

TABLET IN HONOR OF DR. WALTER REED.—At its annual dinner, November 21, the Society of Ex-Internes of Kings County Hospital, Brooklyn, presented to the hospital association a bronze memorial tablet in memory of the late Walter Reed, who was an interne there in 1871, prior to his entrance into the medical department of the United States Army. The presentation address was made by Dr. A. T. Bristow, and that of acceptance by R. W. Hibberd, commissioner of public charities of New York City. Short addresses commendatory of Dr. Reed and his work were made by Dr. Howard Kelly of Johns Hopkins University, Dr. Joseph Bryant of New York City, the Rev. Lindsay Parker, and Colonel Phiilp F. Harvey, assistant surgeon general, United States Army. The tablet bears the following inscription:

"Erected by the Association of Ex-Internes of Kings County Hospital to the memory of Walter Reed, M.D., interne in this hospital, 1871. Major and Surgeon, U. S. A.; chairman, U. S. Yellow Fever Commission, 1900-1901. He robbed the pestilence of its terrors and caused the cities of the southland to sit in peace within their gates."

A DYING PROFESSION.—The Medical Age for October 25th says that an interesting commentary on recent progress is shown in a statement recently made by the president of the London Royal College of Veterinary Surgeons, who asserts that in so short a period as three years from the present time there will be employment for only 300 veterinary surgeons in London. Before automobiles were introduced into the English capital 6000 veterinary surgeons were practising their profession in that city. This is probably the first instance in the world's history where machinery has affected those following a profession; heretofore only the trades have been in any way affected by the introduction of some labor-saving device.

THE PUBLIC HEALTH DEFENSE LEAGUE.—A national society for the protection of health and morals, to be known by the above title, was formed November 15 in New York City, under the auspices of the New York County Medical Society. Resolutions adopted define the objects of the society as follows: To disseminate accurate information concerning practices dangerous to public health; to work for the enactment of laws in the interest of public health; to work for the prevention of quackery and criminal practices; to prevent adulteration and substitution of drugs and foods, and to prevent the sending through the mails of matter advocating quack medicines. A large number of laymen were present and practically directed the meeting.

MASSACHUSETTS ADMITS THE HOMEOPATHS.—At the one hundred and twenty-fifth annual meeting of the Massachusetts Medical Sociey, held at Boston, June 12 and 13, the question of amending the by-laws relating to membership in the society provoked an animated discussion. For thirty years or more the society had forbidden its members to practice "spiritualism, homeopathy, allopathy, Thomsonianism, eclecticism or any other irregular or exclusive system, generally recognized as such by the profession, or declared so by the councilors of the society." Practically homeopaths formed a class chiefly under discussion, and a committee, of which Dr. F. C. Shattuck of Boston, was chairman, after calling attention to the demise of some of the other sects, presented an amendment allowing, under strict educational qualifications, one to become a member, provided he "does not profess to treat diseases by, or does not intend to practice any exclusive system, generally recognized as such by the profession, or declared so by the councilors of the society." After considerable discussion, the amendment was adopted.

THE MEDICAL FORTNIGHTLY

A Cosmopolitan Biweekly for the General Practitioner

The Medical Fortnightly is devoted to the progress of the Practice and Science of Medicine and Surgery. Its aim is to present topics of interest and importance to physicians, and to this end, in addition to a well-selected corps of Department Editors, it has secured correspondents in the leading medical centers of Europe and America. Contributions of a scientific nature, and original in character, solicited. News of Societies, and of interesting medical topics, cordially invited.

Advertising forms close on the first and fifteenth of each month. Time should be allowed to submit proof for correction Advertising rates on application.

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The Medical Fortnightly will not be discontinued at expiration of ubscription, as many of our readers prefer not to have their files broken on account of failure to remit. Unless we receive a distinct request to discontinue, and payment for all arrearages, this magazine will not be discontinued.

Subscriptions may begin at any time; volumes end with June and December.

Contributors should understand that corrected typewritten copy is essential to clean proof and prompt publication, and is much more satisfactory than manuscript. Original articles should be as condensed as justice to the subject will allow.

Editorial offices in St. Louis and St. Joseph, where specimen copies may be obtained, and subscriptions will be received.

Contributions and books for review should be addressed to the Managing Editor, 319 and 320 Century Building, St. Louis, Mo.

FAVORITE PRESCRIPTIONS

LINIMENT FOR INFLAMED JOINTS.—

℞ Acid salicylic..... ʒ iij
Tinct. opii..... ʒ jss
Ol. terebinthinae..... ʒ j
Ol. caryophyl..... ʒ j
Spir. vini rect. U.S.P., q.s.ad. ʒ vj
M. Sig. Liniment.—Manley.

MYALGIA.—

℞ Soda salicylate..... ʒlij
Tinct. aconite..... ʒss
Wine colchicum root..... ʒiss
Aromatic elixir.....q.s.ad ʒiij
M. Sig. Teaspoonful in water every two or four hours.—Clin. Reporter.

ALOPECIA.—

℞ Tinct. cantharidis..... ʒiss
Tinct. capsici..... *m*xx
Glycerinae..... ʒss
Spts. odoratae.....ad ʒvj. --M
Sig.: Apply to head two or three times daily.—Gross.

SPASMODIC CROUP.—

℞ Tinct. belladonnae..... gtt. iv
Tinct opii camph..... gtt. l
Pulv. aluminis..... gr. vj
Syr. acaciae..... ʒss
Aquae..... ʒiss.— M.
Sig.: A teaspoonful every two or three hours at six months of age.—Meigs and Pepper.

FERMENTATION DYSPEPSIA.—When fermentation is present with anorexia the following formula after Ewald is advised:

℞ Tinct. nucis vom..... ʒvj
Resorcin sublim..... gr. lxxv
Elix. simplicis..... ʒiij
M. Sig: Ten to fifteen drops every two hours in a small amount of water. Or:

℞ Ext. condurango flu..... fʒv
Resorcin sublim..... ʒj
M. Sig.: Thirty drops four times a day in water.

When anemia is present with the gastro-intestinal symptoms the following combination is recommended:

℞ Quin. sulp..... gr. xviij
Strych. sulph..... gr. ½
Ferri sulph..... gr. xij
Acici arsenosi..... gr. ⅕
M. Ft. pil N. xii. Sig.: One pill three times a day.—Practical Medicine Series.

GONORRHEAL RHEUMATISM.—W. J. Robinson, in an abstract in Merck's Archives, states that if after getting rid of the gonococcus there is evidence of involvement of the joints, the following combination is recommended as a local application:

℞ Acidi salicylici..... ʒi
Mentholis..... gr. xv
Guaiacolis..... ʒss
Alcoholis..... fʒi
M. Sig.: To be painted over the affected areas with a camel's hair brush and the parts covered with cotton and oil silk.

Or, as a liniment, the following:

℞ Methyl salicylatis..... ʒij
Guaiacolis..... ʒi
Olei veratrinae.....
Linimenti camphorae.....aa fʒi
Linimenti belladonnae..... fʒi
M. Sig.: Rub in well and cover with cotton and oil silk or muslin.

As an ointment the following composition:

℞ Chloralis hydratis..... ʒi
Camphorae.....
Mentholis.....aa ʒss
Acidi salicylici.....
Guaiacolis.....aa ʒi
Atropinae..... gr. ij
Petrolati..... ʒi
Lanolini q. s. ad..... ʒij
M. Sig.: Apply externally.